STATE OF VERMONT
DEPARTMENT OF VERMONT HEALTH ACCESS
BRATTLEBORO MEMORIAL HOSPITAL

PAGE 1 OF 4 GRANT # 03410-2185-21 AMENDMENT #3

GRANT AMENDMENT

It is agreed by and between the State of Vermont, Department of Vermont Health Access (hereafter called the "State") and Brattleboro Memorial Hospital (hereafter called the "Subrecipient" that the grant agreement (#03410-2180-21) on the subject of administering the Blueprint for Health program initiatives in the Brattleboro, Vermont Health Service Area, effective October 1, 2020, is hereby amended to be retroactively effective March 1, 2021 as follows:

1. By deleting Part 1-Grant Award Detail on page 1 of 39 of the base agreement, as previously amended, and replacing it with the following Part 1- Grant Award Detail:

STATE OF VERMONT GRANT AGREEMENT Part 1-Grant Award Deta									d Detail	
•		9	SECTION I - GENER	AL GRANT INF	ORMA	TION				
1 Grant	#: 03410-2185-21			2	Origina	al 🗌	А	mendment#	3	
³ Grant Title: Blueprint for Health Brattleboro Memorial Hospital HSA										
⁴ Amount Previously Awarded: ⁵ Amount Awarded Tl							ward Amount:			
\$146,000.00			\$2,016.00			\$148,016.00				
Choose and Charles							pient Award:	YES X	10 L	
10 Vendor #: 41963 11 Grantee Name: Brattleboro Memorial Hospital 12 Grantee Address: 17 Belmont Avenue										
Grant		¹⁴ State: VT			15					
13 City: Brattleboro						17				
16 State Granting Agency: AHS/Department of Vermont Health Access				Business Unit: 03410						
Performance Measures: YES NO Description: Description:										
If this action is an amendment, the following is amended: Amount: X Funding Allocation: Performance Period: Scope of Work: X Other:										
SECTION II - SUBRECIPIENT AWARD INFORMATION										
²¹ Grantee DUNS #: 069909331			Inc	0/			FFATA: YES 🔀 NO 🔲			
²⁴ Grantee Fiscal Year End Month (MM format): 9				Approved rate or de minimis 10%)			²⁵ R&D:	R&D:		
26 DUNS Registered Name (if different than VISION Vendor Name in Box 11):										
SECTION III - FUNDING ALLOCATION										
STATE FUNDS										
Fund Type			²⁷ Awarded Previously	²⁸ Award This Action		nulative ward	³⁰ Special 8	³⁰ Special & Other Fund Descriptions		
General Fund			\$24,634.58	\$338.05		\$24,972.6	3			
Special Fund						\$0.0	0			
Global Commitment (non-subrecipient funds)			\$44,116.5	\$611.09		\$44,727.6	0			
	Other State Fund				\$0.0	0				
FEDERAL FUNDS (includes subrecipient Global Commitment fu.				nds)				Required Federal Award Information		
31 CFDA#	³² Program	1 Title	³³ Awarded Previously	³⁴ Award This Action		nulative ward	36 FAIN	³⁷ Fed Award Date	³⁸ Total Federal Award	
93.778	Medicaid Assistance Program		\$24,634.60	\$338.06	1	\$24,972.6	6			
³⁹ Federal Awarding Agency:				⁴⁰ Federal Award Project Descr:						
93.778 Medicaid Assistance Program - Global Commitment (sub-recipient funds)			spient \$52,614.3	\$728.80 \$53,343.11						
Federal Awarding Agency:				Federal Award Project Descr:						
				\$0.00			n			
Federal Awarding Agency:				Federal Award Project Descr:						
						\$0.0	0			
Federal Awarding Agency:				Federal Award Project Descr:			•			
						\$0.0	0			
Federal Awarding Agency:				Federal Award Pr	oject Des	scr:				
Total Awarded - All Funds \$146,000.00				\$2,016.00	\$1	148,016.0	0			
SECTION IV - CONTACT INFORMATION										
41 STATE GRANTING AGENCY				⁴² GRANTEE						
Annual Statement and	Julie Parker			AVECUTAL DESCRIPTION	William Control of the Control of th					
TITLE: Project Administrator PHONE: (802) 760-8467				TITLE: CEO PHONE: (802) 257-8325						
EMAIL: .lulie Parker@vermont.gov				PHONE: (802) 257-8325 EMAIL: saardon@hmht org						

2. By deleting Attachment A, Scope of Work Section 2.2 in its entirety and replacing it with the following:

2.2 Self-Management Program Reporting

From October 1, 2020 through September 30, 2021, the Subrecipient will:

- Maintain the Self-Management Programs that are occurring in the HSA;
- Deliver at least five (5) Self-Management Program workshops focused on diabetes (e.g., CDC Diabetes Prevention Programs, SMRC Diabetes Self-Management Program) and best practice group tobacco cessation (such as Fresh Start or other TTS-facilitated workshops). These workshops can either be delivered independently or in collaboration with another HSA. The State will reimburse the Subrecipient for pre-approved expenses associated with this scope of work. The Subrecipient may also deliver other programs, such as the Self-Management Resource Center (SMRC) suite of offerings, Health Coaches for Hypertension Control, and Wellness Recovery Action Planning Program (WRAP), to address specific needs in the community. WRAP cannot be offered in a virtual format. Therefore, WRAP cannot be offered until it is either in alignment with Vermont COVID-19 guidelines, or until Vermonters can gather in-person safely;
- Refer interested participants from their HSA to other HSAs offering virtual classes of interest and track these referrals in the Blueprint Portal.
- Update workshop registration listings for all HSAs on the My Healthy VT website and edit current and past listings as needed.

3. By deleting the Budget Table in Attachment B, Payment Provisions Section 18, and replacing it with the following:

18. Approved Budget for the Grant Term:

October 1, 2020 - September 30, 2021

Budget Category	Amount		
Program Management	\$80,000.00		
Quality Improvement Facilitation	\$16,000.00		
Self-Management Regional Coordination	\$32,016.00		
Self-Management Program Costs	\$15,000.00		
Travel, Training, and Other Expenses	\$5,000.00		
Total	\$148,016.00		

The Subrecipient may request, in writing, approval by the State to reallocate funds across budget categories if necessary, to accomplish grant deliverables. The Subrecipient may also request, in writing, approval by the State to carry forward funds across quarterly periods if necessary, to accomplish grant deliverables.

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<u>Taxes Due to the State</u>. Subrecipient further certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, Subrecipient is in good standing with respect to, or in full compliance with a plan to pay, any and all taxes due the State of Vermont.

Child Support (Applicable to natural persons only; not applicable to corporations, partnerships or LLCs). Subrecipient is under no obligation to pay child support or is in good standing with respect to or in full compliance with a plan to pay any and all child support payable under a support order as of the date of this amendment.

<u>Certification Regarding Suspension or Debarment</u> Subrecipient certifies under the pains and penalties of perjury that, as of the date this grant amendment is signed, neither Subrecipient nor Subrecipient's principals (officers, directors, owners, or partners) are presently debarred, suspended, proposed for debarment, declared ineligible or excluded from participation in federal programs, or programs supported in whole or in part by federal funds.

Subrecipient further certifies under pains and penalties of perjury that, as of the date that this grant amendment is signed, Subrecipient is not presently debarred, suspended, nor named on the State's debarment list at: http://bgs.vermont.gov/purchasing-contracting/debarment.

This document consists of 4 pages. Except as modified by this Amendment No. 3, all provisions of the Grant remain in full force and effect.

THE SIGNATURES OF THE UNDERSIGNED INDICATE THAT EACH HAS READ AND AGREES TO BE BOUND BY THIS AMENDMENT TO THE GRANT.

BY THE STATE OF VERMONT:

BY THE SUBRECIPIENT:

SANDI HOFFMAN DATE
AHS/DVHA
NOB 1 SOUTH, 280 STATE DRIVE
WATERBURY, VT 05671

EMAIL: SANDI.HOFFMAN@VERMONT.GOV

STEVEN GORDON, CEO DATE
BRATTLEBORO MEMORIAL HOSPITAL
17 BELMONT AVENUE
BRATTLEBORO, VT 05301
EMAIL: SGORDON@BMHT.ORG